

February 2005

Too many calories, too few nutrients: achieving balance with food and physical activity

By Angie Tagtow

On January 12, 2005, Health and Human Services Secretary Tommy Thompson and Agriculture Secretary Ann Veneman announced the release of the 2005 *Dietary Guidelines for Americans* stating the new guidelines are "...scientifically based—and it's common sense. The more we learn about nutrition and exercise, the more we recognize their importance in everyday life. Children need a healthy diet for normal growth and development, and Americans of all ages may reduce their risk of chronic disease by adopting a nutritious diet and engaging in regular physical activity."

The sixth edition of *Dietary Guidelines for Americans* places stronger emphasis on reducing calorie consumption and increasing physical activity. This joint project of the USDHHS and USDA is the latest of the five-year reviews required by federal law. It is the basis of federal food programs and nutrition education programs and supports the nutrition and physical fitness pillars of



the *HealthierUS* Initiative. Major causes of morbidity and mortality in the US are related to poor diet and a sedentary lifestyle. Some specific diseases linked to poor diet and physical inactivity includes cardiovascular disease, type II diabetes, hypertension, osteoporosis, and certain cancers. Furthermore, poor diet and physical inactivity, resulting in an energy imbalance (more

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Percentage of total volume of food on plate:

Fruits and Vegetables	2 cups	54%
Grains	3 cups	38%
Meat, Fish, and Poultry	0.75 cup	8%
Total	9.25 cups	100%

***Based on 2,200 calorie-level and total volume of food on plate, which assumes low-fat milk or yogurt is consumed**

Des Moines University college visit day By Lisa Adamson

Des Moines University is hosting a College Visit Day for prospective students interested in the Master of Health Care Administration or Master of Public Health degrees on March 30, 5-7 p.m. or March 31, 1-3 p.m.

The visit day will include an overview of the program and application process, and a meeting with the Dean of the College of Health Sciences. It will also include a tour of the campus. To register for the event, visit

<http://www.dmu.edu/dhm/contactus.htm> or call (515) 271-1364. Once registered, a confirmation will be sent with location, driving directions and a schedule of events.

If you are unable to attend the scheduled events, you are welcome to schedule a personal visit held at your convenience.

DES MOINES UNIVERSITY
DIVISION OF HEALTH MANAGEMENT

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calories consumed than expended), are the most important factors contributing to the increase in overweight and obesity in this country.

"Especially considering the epidemic of obesity we face in our country, people need all the help they can get in understanding the relationships between food consumption, a healthy diet, physical fitness and good health," said American Dietetic Association President Susan Laramée, MS, RD, LDN, FADA. ADA and the *Guidelines* agree: The keys are eating a variety of foods in moderation, paying attention to portion sizes and engaging in regular physical activity.

The *Guidelines* provides authoritative advice for people two years and older about how proper dietary habits can promote health and reduce risk for major chronic diseases. The Dietary Guidelines Advisory Committee recommends the following:

2005 Dietary Guidelines based on 2,200-calorie diet
(active women, most men, teen girls, kids 7-12)

Grains	3 ½ cups (4 – 10 servings)
Fruits & Vegetables	5 cups (10 servings)
Dairy	3 cups
Meat	6 ounces

Food Groups

- Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2 1/2 cups of vegetables per day are recommended for a reference 2,000-calorie intake, with higher or lower amounts depending on the calorie level.
- Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week.
- Consume three or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from enriched or whole-grain products. In general, at least half the grains should

come from whole grains.

- Consume three cups per day of fat-free or low-fat milk or equivalent milk products.

Physical Activity

- Engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight.
 - To reduce the risk of chronic disease in adulthood: engage in at least 30 minutes of moderate-intensity physical activity, above usual activity, at work or home on most days of the week.
 - To help manage body weight and prevent gradual, unhealthy body weight gain in adulthood, engage in approximately 60 minutes of moderate- to vigorous-intensity activity on most days of the week while not exceeding caloric intake requirements.
 - To sustain weight loss in adulthood: Participate in at least 60 to 90 minutes of daily moderate-intensity physical activity while not exceeding caloric intake requirements. Some people may need to consult with a health-care provider before participating in this level of activity.
- Achieve physical fitness by including cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance.

Additional information including a new consumer brochure *Finding Your Way to a Healthier You: Based on the Dietary Guidelines for Americans* is available at <http://www.healthierus.gov/dietaryguidelines/>.

Consider This:

If you eat 100 more food calories a day than you burn, you'll gain about 1 pound in a month. That's about 10 pounds in a year. The bottom line is that to lose weight, it's important to reduce calories and increase physical activity.

Register early for the 2005 Public Health Conference—Partnering for a Healthy Iowa

Registration for the 2005 Public Health Conference - Partnering for a Healthy Iowa is going on now. Early-bird registration, before March 1, is \$100. After March 1, the price increases to \$120.

The conference will be March 29-30, 2005 at the Iowa State Center, in Ames, Iowa. For more information visit <http://www.idph.state.ia.us/conferences.asp>.



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans



Top health-care, other leaders to speak at Governor's Conference on Public Health

By Sarah Taylor



Mark your calendars for the *Governor's Conference on Public Health: Building Iowa as a Healthy Community*, also known as Barn Raising V, on July 28 and 29, 2005, at Drake University in Des Moines. The biennial conference brings together cutting-edge experts from several health care arenas. The purpose is to expand participants' knowledge, introduce new tools and resources, and share successful program models through workshops and networking. The registration fee of \$50 covers CEUs, conference materials and meals, and a smoke-free reception.

Over the course of the two-day conference, there will be 40 workshops that will cover a variety of topics. The workshops will be divided into four tracks, "New Forces Shaping Healthy Communities," "Telling the Story of Public Health and Tools to Get the Job Done," "Public Health Administrators and

Board of Health Members," and "Change Models."

New forces shaping health communities workshop topics include: infectious diseases, Medicare, mental health, hazardous substances in our bodies, long-term care, obesity, biological and chemical threats, older Iowans, barriers to inappropriate use of medications, Iowa's health work force needs, youth violence, and recreational waterborne disease.

Breakout sessions for telling the story of public health and tools to get the job done include: building advocacy coalitions, communicating the need for preventive care to policy makers, the logic model, using CHNA-HIP data, health risks, changing tobacco behaviors, health provider understanding of diverse populations, barriers to access of care, Iowa Brain Injury Resource Network, meaningful meetings, and health literacy.

Public health administrators and board of health members can attend breakouts on: pub-

lic health law, resources, disease management of patients with chronic conditions, working with the media, preventing disease outbreaks in early childhood environments, investigating food-borne disease outbreaks, and using the EPI manual.

The final set of workshops will cover change models and will include: planning models, streamlining the care of stroke patients, changing the community culture to focus on the responsibility for the safety of children, screening Hispanic children and changing a community, creating livable and walkable communities, removing kids from harms' way, complying with the Child Nutrition Reauthorization Act, and motivational interviewing.

More information on conference speakers, workshops, continuing education credits, registration, poster sessions, displays, and the conference brochure will be posted at www.idph.state.ia.us. Click on conferences.



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Iowa preparedness: the federal perspective on funding

By Mary Rose Corrigan and Kari Catron

We have just completed the first quarter of the new grant cycle and counties should be incurring expenses for the Bioterrorism Preparedness Program. The timeliness of reporting your respective agency expenses is a critical component of this program. Since the implementation of this program, numerous comments have been made from legislators and the public that the state and local agencies are not spending their bioterrorism funding so why is there a need for more funding? In October, Mary Rose Corrigan of the City of Dubuque Health Department had the opportunity to talk with former HHS Secretary Tommy Thompson. Corrigan stressed the need for continued bioterrorism funding and not to divert future funds to large cities or other programs. The Secretary's immediate response was, "Iowa has a lot of money in the pipeline that hasn't been spent." Understanding where legislators and policy makers get their data is critical in supporting the need for additional public health funding.

The data legislators often refer to when discussing funding is the federal draw down which often does not accurately represent the funds obligated and/or spent. Drawing down of federal funds goes beyond submission of receipts from contractors. There are some guidelines that IDPH must agree to when accepting federal contracts. A few key points are: the state can only have federal cash on hand for three days, and there must be expenses incurred before funds can be drawn down. So when the state is awarded a \$9.8 million dollar grant they are not provided the 9.8 million dollars up front. This funding is held at the federal level until expenses are incurred and funds are requested from the state.

So what happens when a contractor submits their claim?

1. The agency (i.e. local public health agency, hospital) submits a claim to their regional fiscal agent by the 10th of each month.
2. The regional fiscal agent takes the claims submitted and tabulates the individual agency expenses into one claim and submits to the grants manager within the Center for Disaster Operations and Response at IDPH by the 30th of each month.
3. The grants manager reviews and codes the claim and then sends to the department's Finance Bureau.
4. The finance bureau verifies and on-lines the claim, submits it through the Department's approval process and orders federal money.



5. After the federal money is received, the claim is submitted to the Department of Administrative Services where the check is issued in the overnight cycle and returned to IDPH.

6. IDPH's Finance Bureau mails the check to the regional fiscal agent.

So as you can imagine this is not a quick process. Iowa has done extremely well in obligating the federal funds, meaning that IDPH has contracted out the funds to local public health agencies, hospitals and other vendors to meet the activities within the cooperative agreement. The need to budget federal funds is critical so that the state is not drawing down all of the funding in the last quarter of the cooperative agreement. Additionally, by submitting funds on a regular basis provides a number of benefits to the local, state and federal partners that include but not limited to the following:

- ❖ It allows regional fiscal agents, the IDPH program managers and fiscal processors the time they need to process claims and get the funds to you so you can continue to do the activities related to the grant.
- ❖ Regional and state planners can make more informed decisions and provide guidance as requested.
- ❖ The federal government will see money draw down, which in turn can help the state in advocating for additional federal funding. Remember that legislators look to see if there is difference between the percentage drawn down and how far into the grant period we are. It can reflect poor planning on our part or a lack of need for Iowa preparedness funds if dollars are not being spent throughout the cooperative agreement period.

Many legislators look at the spending of funds as to whether a program is prepared. Although we all know that this is not an appropriate measure of preparedness, it's often used. Legislators have cut funds because

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funds are not being spent in a timely fashion. Allocation of funding can be based on past year outcomes and timely spending, this is why it's important to make a plan to spend funds in a timely fashion. Keep this in mind not only for the bioterrorism program but also for all federally funded programs.

Keep up the great work as we continue to move forward to prepare Iowa for bioterrorism, a public health emergency or other emerging infectious disease.

Iowa's Health Alert Network up and running

By Tom Boeckmann

The Iowa Health Alert Network (HAN) is a secure, web-based communication system allowing local public health agencies, hospitals, laboratories, state extension offices, emergency management agencies, and state agencies to issue alerts, share documents, post announcements and news items, and collaborate. Iowa's HAN was rolled-out to users the summer of 2004. The system was purchased with grant money from the Centers for Disease Control and Prevention (CDC) and was designed by Virtual Alert, Inc., a leader in the development of HAN systems. As of January 1, 2005, there were 1,720 users licensed to use the system.

The HAN can be accessed through the Internet from any computer. Users of the system must be licensed and are issued secure usernames and passwords. The system serves as a public health directory, providing a registry of users and contact information. The system also provides users the ability to send and receive alerts; enabling users to choose how they wish to be notified of an emergency event (e-mail, cell phone, traditional phone, page and/or fax). The system also provides document management capabilities, allowing users to post documents, subscribe to receive notifications when specified documents are

modified and collaborate with other users on the system.

Through a partnership with the Iowa Department of Public Safety (DPS), a secondary system has been established to ensure backup alerting capabilities. Four T1 lines allowing for 96 telephone lines provide the backbone of the primary and secondary systems. The Iowa Department of Public Health (IDPH) administers the system with technicians and duty

town, Iowa company, RACOM, Inc., to allow redundant two-way communications between local public health agencies, hospitals, IDPH, Iowa Department of Agriculture and Land Stewardship, Iowa Poison Control Center, State Emergency Operations Center, and the University Hygienic Laboratory. It is anticipated that installation of radios on the system will be completed by spring 2005.

Future plans include exploring a high frequency radio system for long distance communications with agencies such as Agency for Toxic Substances and Disease Registry (ATSDR) and CDC and evaluating Voice over Internet Protocol (VoIP) to facilitate communications between computers and the 800 MHz radio system.

In closing, the IDPH facilitates a HAN & Disease Reporting Committee composed of representatives from local public health agencies, hospitals, laboratories, emergency medical services, and state agencies to offer recommendations and support as Iowa's HAN system evolves. This committee will continue to meet as IDPH plans for the future of this critical resource for emergency response.

For more information, contact:

Tom Boeckmann, HAN Chief
Iowa Department of Public Health
319.472.5340

HANOOfficer@iowahealthalert.org



officers available 24/7.

To enhance the redundancy of communications capability across the state, CDC grant money was also allocated to local public health agencies to upgrade their computer infrastructure, ensuring the existence of high-speed Internet connectivity.

Alphanumeric pagers have also been provided to each of Iowa's county boards of health and hospitals, enabling a more convenient mechanism for receiving alerts for local partners.

In addition, a state of the art 800 MHz radio system has been installed, using the infrastructure of a Marshall-



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Preparedness training program now accepting applications

By Debra Venzke

Natural disasters, emerging infectious diseases, and bioterrorism can strike anywhere, including the Upper Midwest. To strengthen the region's response to public health emergencies, participants are currently being sought for the 2005 Train-the-Trainer program sponsored by the Upper Midwest Center for Public Health Preparedness, based in the University of Iowa College of Public Health.

The training program provides participants with the latest information in public health science and the systems of response. Participants are selected from Iowa, Nebraska, and South Dakota and represent a variety of disciplines, including: emergency first responders, emergency management personnel, public health nurses, physicians, pharmacists, public health administrators, communicable disease investigators, police officers, fire fighters, epidemiologists, laboratory personnel, disease prevention specialists, hospital personnel, board of health members, community college personnel, veterinarians, environmental health specialists, and hospital administrators.

Individuals who are selected for the training program must:



- Commit to an eight-month program including:
 - o Participation in three on-site sessions (in Iowa City and Des Moines, Iowa)
 - o Participation in five two to three hour web-based programs
 - o Completion of six preparatory readings and assignments
- Obtain employer's permission to participate in program, if applicable
- Obtain access to the Internet
- Agree to act as a local trainer and resource
- Work with peers to create awareness and support training in the region
- Mentor future trainers
- Assist with training at the community level

"The class materials have equipped me with a portfolio of teaching tools and resources for public health preparedness and responding to terrorism or other natural

events," said Mary Rose Corrigan, RN, a member of the first training cohort and the public health specialist for the City of Dubuque Health Services Department. "The program allowed me to learn from and network with state and national experts on topics related to preparedness. I was able to learn about public health preparedness and response from different perspectives, disciplines, and professions. This information will be crucial as I assist nurses in their learning."

For more information about the program and to fill out an online application form, visit http://www.public-health.uiowa.edu/icphp/ed_training/ttt/. Applications are due March 15, 2005, and the training program will begin in April 2005.

Additional questions may be directed to Angela Harding, program assistant, Upper Midwest Center for Public Health Preparedness at (319) 335-8451 or via e-mail at angela-harding@uiowa.edu.

Iowa Vital Records System in the works

By Dale E. Anthony



The IDPH Bureaus of Information Management and Vital Records are working together on the electronic Iowa Vital Records System (IVRS). Officially underway, the IVRS project consists of

ministrative. The Birth Registration application will allow hospitals to electronically submit birth certificate information to IDPH for each of the children born at their given facility. Although a majority of this portion was designed some time ago, it could not be used without the Administration application. The Administrative application allows Vital Records staff within IDPH to print certified copies of birth certificates, update records based on changes that are made (adoption, name change, paternity, etc.), and view reports based on all of the birth information in the application.

The IVRS project will have a positive impact at the

two applications; Birth Registration and Ad-



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Iowa Vital Records System in the works

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hospital, county, state, and general public levels. Hospitals will have an easier time submitting records. Our customers will benefit from the improved processes resulting from easier access to records for vital records staff and county recorders. The application that is currently running in the hospitals to report birth information is very old and in dire need of replacement and the

administrative functions that affect birth certificates are taken care of in a combination of manual and electronic processes.

This project is a large undertaking that will require much time and many resources, but will provide a great service to all Iowans.

Iowa Crisis Training offered in March

By Benjamin Banowetz

Year after year Iowans deal with disasters, crises, and emergencies. Many do not realize the impact these crises have on their mental health can be worse than the impact on their homes, farms and businesses. Continuing Education Units (CEU's) are being offered to individuals who wish to assist in strengthening Iowa's mental health and substance abuse response to crises of all types.

When disasters strike, the mental health of those involved has the potential to be adversely affected. It is essential that Iowans have educated outreach workers and community members available to help move Iowans toward recovery when disasters occur. A collection of organizations has formed to provide a six session training to increase Iowa's response to disasters/emergencies/crises. April Naturale, the former Director of Project Liberty, the crisis counseling response to the World Trade Center attack of 9/11/01 will be a presenter along with a cadre of experts to help create a stronger response for a stronger Iowa.

IowaCrisisTraining.com

Now you and other community members can assist Iowans in their time of need and earn CEU's for your training. The Iowa Department of Human Services, with the assistance of AgriWellness, the Iowa Department of Public Health, Iowa State University and State Public Policy group are offering training statewide. Training will cover topics such as: reactions to disasters, behavioral health conditions caused by a crisis, substance abuse and addictions related to crises, phases of disaster recovery, and building networks of responders. To help create stronger responses for a stronger Iowa, visit www.iowacrisistraining.com for more information and to register.

Freedom From Smoking program helps smokers quit

By Aaron Swanson

Mark Twain said, "Quitting smoking is easy. I've done it a thousand times." Maybe you or someone you know has tried to quit too. The US Surgeon General has stated, "Smoking cessation (stopping smoking) represents the single most important step that smokers can take to enhance the length and quality of their lives." Quitting smoking is not easy, but it can be done. To have the best chance of quitting successfully, you need to know what you're up against, what your options are, and where to go for help.

The Division of Tobacco Use Prevention and Control will be holding a free course for state employees on the "Freedom From Smoking" (FFS) program. Freedom From Smoking is smoking ces-

sation program from the American Lung Association that gives smokers the tools they need to break a lifelong addiction. Each smoker who joins this clinic will develop an individual plan for quitting. Participants will learn practical skills such as stress management, weight control, assertive communication, and increasing physical activity. In the clinic, the emphasis will be on long-term freedom from smoking. Instructors will teach a step-by-step method for changing behavior and quitting smoking.

Freedom From Smoking is an eight-session course that will meet once a week for one hour. An informa-

tion-only meeting will be held on February 22 from 9 a.m. to 10 a.m. in the Lucas Building cafeteria so you can determine if FFS is the right program for you. There is no obligation to attend the entire program by attending the first session, but pre-registration is required. Please obtain supervisor approval before attending. For those that enroll for the entire course, a voucher for a free two-week supply of nicotine replacement therapy (patches, gum, or lozenge) will be offered.

Contact Aaron Swanson at 281-5491 or aswan-son@idph.state.ia.us by February 18 to register. Class size will be limited to the first 15 people that respond, so do not delay in reserving your spot.



Iowa Department of Public Health

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Early Head Start partners with public health

Submitted by:

Michelle Wood – Hamilton County Public Health
Emily Bormann – Humboldt County Public Health

Bonnie Calvert - Head Start and EHS Coordinator of Y.O.U.R., Inc.

Vanna Anderson – Wright County Public Health
Tammy Varland – North Central Home Care

Humboldt, Hamilton and Wright county public health and the North Central Home Care in Webster County have an innovative contract with Your Own United Resources, Inc. (Y.O.U.R. Inc.), the Community Action Agency serving the four counties with Head Start and Early Head Start.

The four county-based agencies provide a family home visitation program that follows the Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (HOPES-HFI) model. Y.O.U.R., Inc. offered a contract to the agencies to provide the home visitation component of the Early Head Start program in their communities.

Early Head Start (EHS) benefits from:

- home visitors with experience in working with families in their homes,
- home visitors with knowledge of family centered practices, and
- home visitors who know support services available in their rural communities.

The four agencies benefit from:

- EHS provides home visitors training on the EHS model,



- EHS provides family access to childcare, medical and dental services, and
- EHS provides continuing education for home visitors working in both programs.

Three of the local agencies have sub-contracts to provide Care Coordination for Kids activities with children in the families in EHS and HOPES-HFI who are also

eligible for Medicaid. These activities help families access a child's preventive health and dental services are integrated into providing Early Head Start and HOPES-HFI services. Each of the county agencies have close relationships and frequent communication with their IDPH Maternal & Child Health (Title V) and Women, Infant and Children Nutrition (WIC) grantee, Webster County Health Department.

Families benefit from a home visitor that lives in their community and this helps build a trusting relationship between the home visitor and the family. Families benefit from the integration of services as it reduces the number of agencies contacting families. Families benefit because the potential for duplication of services is reduced.

Mini Medical School in to focus on Latino health

The University of Iowa Roy J. and Lucille A.

Carver College of Medicine, in partnership with the Clínica Médica Latina de Des Moines, will host a Mini Medical School program on Latino health Feb. 26 in Des Moines.

The event will be held from 10 a.m. to 1 p.m. Saturday, Feb. 26, in the Virginia Thompson Auditorium at Iowa Methodist Medical Center Conference and Learning Center, located at 1415



Woodland Ave. in Des Moines. The program is free and open to the public. Registration is available online at www.medicine.uiowa.edu/minimedicalschoo or by calling 515-281-4080 (Spanish) or 319-335-8886 (English).

Developed especially for Latino families, the program consists of ses-

sions for adults and children, followed by free health screenings such as glucose checks, blood pressure checks and body mass index evaluations. The session for adults, "Triple Threat to Latino Health: Understanding Obesity, Diabetes and Heart Disease," will be presented in Spanish by Joseph Zabner, M.D. UI professor



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Mini Medical School to focus On Latino health

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of internal medicine, in Thompson Auditorium. Jose Angel, M.D., president of the Clínica Médica Latina de Des Moines and medical director of the Mercy Central Internal Medicine Clinic in Des Moines, will serve as the

host and master of ceremonies.

The children's session, to be held in a conference room adjacent to Thompson Auditorium, will be presented by UI medical students. The session will provide children with fun,

hands-on demonstrations and experiments about the heart and lungs, as well as the five senses.

The Mini Medical School program is presented in cooperation with the Iowa Division of Latino Affairs.



Cancer web site helps inform Iowans

The launch of a new web site was developed from the Iowa Consortium for Comprehensive Cancer Control. The site provides free, extensive information and links for Iowans about cancer risk factors, prevention, community resources and information about specific cancers.

Available online at <http://www.canceriowa.org>, or by calling 1-800-237-1225, the site is designed to help users learn about Iowa-specific resources related to cancer, their personal risk for cancer, possible treatments and the potential of research for lessening the suffering and deaths caused by the disease. A grant from the Centers for Disease Control and Prevention (CDC) through the Iowa Department of Public Health funded the development of the web site as a service provided by the consortium.

The consortium aims to reduce the burden of cancer

in Iowa through prevention, early detection, effective treatment and ensuring quality of life. The consortium includes more than 150,100 health and other professionals representing nearly 8,050 agencies throughout the state. People who have survived cancer also participate in the consortium.

Experts from the UI Cancer Information Service, with input from organizations across Iowa, developed the content of the site. Staff in the Virtual Hospital at University of Iowa Hospitals and Clinics (<http://www.vh.org>) designed and built the site.

The consortium formed in part due to a January 2002 report, "Face of Cancer in Iowa." A newer report titled "Changing the Face of Cancer in Iowa: A State Plan for 2003-2005" outlines the consortium's two-year comprehensive cancer control plan.

Iowa Child Death Review Team

The primary goal of the Iowa Child Death Review Team (CDRT) is to reduce the number of child deaths in Iowa by making recommendations about prevention strategies to government officials, health and human service professionals and the general public. These recommendations are based on several years of the team's reviews of circumstances surrounding individual cases of child death.

The team's working definition of a preventable death is as follows:

A preventable death is one in which an individual or a community could have reasonably done something that would have changed the circumstances that led to the death.

The CDRT considers all accidents and homicides to be preventable through active intervention such as improved parental supervision, enactment of laws or regulations or parental action. Other deaths due to

SIDS, suicide or certain medical conditions may be prevented through improved education to parents about reducing risks for SIDS, more timely and appropriate interventions for medical conditions, and combating depression, bullying and negative self-image experienced by so many youth. Natural deaths from cancers, birth defects, and premature birth are more difficult to prevent. Reducing prenatal smoking, alcohol, and illicit drug use and secondhand smoke



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Iowa Child Death Review Team

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exposure by pregnant women would significantly decrease the number of natural deaths.

The Iowa CDRT was formed in 1995. There are 14 members and seven liaisons from various state agencies that serve on the team. Administrative support is provided by IDPH. The CDRT publishes an annual report which provides a summary of child death cases reviewed during the previous calendar year. Some recommendations to the governor and legislature such as expanded case reviews of children through 17 years of age, improved child safety seat laws, and stricter penalties for child endangerment resulting in the death of a child have been implemented. Some CDRT recommendations have been made in several annual reports but have not yet been acted upon. They continue to be important steps toward preventing child deaths, and some of the team's suggestions are receiving close scrutiny by lawmakers this year.

During 2004, the CDRT reviewed 404 cases of child death. Of these, all accidents, homicides, and suicides, and many deaths from Sudden Infant Death Syndrome (SIDS) probably could have been prevented. The team is especially concerned with the effects that bullying and family strife have on children. Several children committed suicide or engaged in risky behaviors that caused an accident that ended their lives because of bullying by peers or family stresses. After reviewing records detailing motor vehicle accidents in which teens died, the CDRT developed a new recommendation. In



numerous cases, the teen driver was distracted or speeding because several friends were passengers in the vehicle. The new recommendation is to limit the number of teen passengers in a vehicle driven by someone less than 18 years old to one. Currently, the number of passengers is limited to the number of seatbelts in the vehicle.

More than 50 percent of SIDS deaths occurred while the infant was bed sharing with an adult or another child on an inappropriate sleep surface. Sofas and adult beds pose many dangers to a small child. A baby may slip between the cushions of a sofa or be pushed into the sofa back or cushions and rebreathe their own carbon dioxide or suffocate. The pillows and large, fluffy bed covers on an adult bed may cause the baby to overheat, suffocate, or rebreathe, thus not getting enough oxygen to survive. If the mother smoked during pregnancy or the child is ex-

posed to tobacco smoke after birth, the chances of dying from SIDS is greatly increased. Combine tobacco exposure with bed sharing, and the chances an infant will die are dramatically increased.

Education to parents and other child-care providers about risk factors is vital if fewer children are to die. Issues of tobacco use, proper sleep environment, violence and bullying in schools and in the community, safe-driving skills, and better supervision must be addressed by a wide variety of community sources. As health professionals, employees of IDPH are key advocates for children and innovative educators of parents. Many programs address risks to children of all ages, and these programs are continually updated and improved. The CDRT strongly supports efforts in the department that directly promote risk reduction strategies.

**For the latest Legislative updates,
visit the IDPH web site
www.idph.state.ia.us/do/legislative_updates.asp**



Iowa Department of Public Health

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Epidemiology Notes

From the Center for Acute Disease Epidemiology, 1 800 362-2736 (24-hour number)

Influenza Update:

Influenza activity in Iowa continues to increase. For the week ending January 1, 2005 regional influenza activity was reported for Iowa. Both Influenza A (H3N2) and Influenza B strains have been confirmed by the University Hygienic Laboratory. Although influenza is not a reportable disease in the state of Iowa, the Center for Acute Disease Epidemiology welcomes voluntary reports of influenza rapid test positives from health-care providers around the state. This helps us to determine influenza activity levels (we only want a provider to report county of residence of the case, not patient identifiers.) To report a rapid test positive, call the disease reporting hotline at (800) 362-2736, select option 2, and leave a message on the number of positive tests, whether they are positive for A or B, and county of residence of the cases.

Winter Travel Tips:

The latest foot of snow and miserable travel conditions this past week, prompted us to provide some travel safety tips from the CDC:

- Listen for radio or television reports of travel advisories issued by the National Weather Service.
 - Do not travel in low visibility conditions.
 - Avoid traveling on ice-covered roads, overpasses, and bridges if at all possible.
 - If you must travel by car, use winter tires or tire chains and take a mobile phone with you.
 - If you must travel, let someone know your destination and when you expect to arrive. Ask them to notify authorities if you are late.
 - Check and restock the winter emergency supplies in your car before you leave.
 - Never pour water on your windshield to remove ice or snow; shattering may occur.
 - Don't rely on a car to provide sufficient heat; the car may break down.
 - Always carry additional warm clothing and footwear appropriate for the winter conditions.
- Staying in your vehicle when stranded is often the safest choice if winter storms create poor visibility or if roadways are ice covered. These steps will increase your safety when stranded:
- Tie a brightly colored cloth to the antenna as a signal to rescuers and raise the hood of the car (if it is not snowing).
 - Move anything you need from the trunk into the passenger area.
 - Wrap your entire body, including your head,

in extra clothing, blankets, or newspapers.

- Stay awake. You will be less vulnerable to cold-related health problems.
- Run the motor (and heater) for about 10 minutes per hour, opening one window slightly to let in air. Make sure that snow is not blocking the exhaust pipe-this will reduce the risk of carbon monoxide poisoning.
- As you sit, keep moving your arms and legs to improve your circulation and stay warmer.
 - Do not eat unmelted snow because it will lower your body temperature.
 - Huddle with other people for warmth.

Don't call it "the Stomach Flu"

Some people, when they get diarrhea, mistakenly think that they have "the stomach flu". In reality, influenza almost never causes gastrointestinal symptoms. However, up to 25 percent of children who have either influenza A(H1N1) or B, can have GI symptoms in ADDITION to respiratory symptoms. If a person has GI symptoms alone, it is NOT the flu.

Most of the diseases that people call the stomach flu, are actually caused by viruses, especially noroviruses. Noroviruses (previously called Norwalk-like viruses) can cause nausea with vomiting, diarrhea, and cramps. Diarrhea is more common among adults; vomiting is more common in children. Illness usually lasts 24-48 hours. Since the illness is mild, it is unusual for patients to seek medical care with norovirus infections.

Noroviruses are found in the stool or vomit of infected people, and is quite contagious, with oral fecal spread, or rarely airborne (to figure out how airborne spread occurs, you just have to use your imagination.) People most often become infected by eating food that are contaminated with norovirus by someone with diarrhea who does not wash their hands, then handles food.

Persons working in daycare centers or nursing homes should pay special attention to children or residents who have norovirus illness, as this virus can spread rapidly throughout in these situations. IDPH has already confirmed a norovirus outbreak in a long-term care facility in 2005.

To prevent the spread of these viruses anyone with GI symptoms should not handle food, and if food is contaminated it should be thrown away. Anyone who is ill with diarrhea, vomiting or fever should not work with food, the elderly, or in healthcare or childcare settings. **Thorough handwashing should be encouraged at all times.**

Norovirus testing is available at the University Hygienic Laboratory (call 319-335-4500 for more information.)



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Worth Noting

Spring 2005 Iowa AWWA Regional Meetings- Water Security Workshops Bringing People Together for Safer

Drinking Water Safe drinking water is vital to sustaining our nation's infrastructure. This one-day workshop is designed to bring multiple disciplines together to discuss how to handle a water emergency. Whether it is a natural disaster or terrorist incident how will your community handle a loss of its water supply for three hours, three days, or three weeks? The purpose of this workshop is to bring people from a variety of disciplines and communities together for safer water. This workshop will benefit communities of any size.

Audience: Federal/State/Local Emergency Management Agencies (LEPCs, etc.), Public Utility Agencies, Emergency Responders, Local Fire/HAZMAT Personnel, Public Health Officials, Environmental Regulators, Law Enforcement Officials, Water and Wastewater Operators

Sponsored By: Iowa Section American Water Works Association, Environmental Protection Agency Region 7, Iowa Department of Natural Resources, and Iowa Department of Homeland Security and Emergency Management

Schedule:

City	Date	Location
Dubuque	March 2, 2005	NE Community College
Newton	March 9, 2005	DMACC - Newton
Burlington	March 16, 2005	Grand Orleans Hotel
Storm Lake	March 22, 2005	Buena Vista University
Creston	March 23, 2005	SW Community College
Mason City	April 7, 2005	Music Man Square

To register or to view the program flyer visit: <http://www.iowadnr.com/watersecurity/events.html>.

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